



Send completed forms to  
DOH Communicable  
Disease Epidemiology  
Fax: 206-361-2930

**LHJ Use** ID \_\_\_\_\_  
☐ **Reported to DOH** Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
**LHJ Classification** ☐ **Confirmed**  
☐ **Probable**  
**By:** ☐ **Lab** ☐ **Clinical**  
☐ **Other:** \_\_\_\_\_  
**Outbreak # (LHJ)** \_\_\_\_\_ **(DOH)** \_\_\_\_\_

**DOH Use** ID \_\_\_\_\_  
**Date Received** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**DOH Classification**  
☐ **Confirmed**  
☐ **Probable**  
☐ **No count; reason:** \_\_\_\_\_

# Diphtheria

County \_\_\_\_\_

## REPORT SOURCE

Initial report date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reporter (check all that apply)  
☐ Lab ☐ Hospital ☐ HCP  
☐ Public health agency ☐ Other  
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name \_\_\_\_\_  
Reporter phone \_\_\_\_\_  
Primary HCP name \_\_\_\_\_  
Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_  
Address \_\_\_\_\_ ☐ Homeless  
City/State/Zip \_\_\_\_\_  
Phone(s)/Email \_\_\_\_\_  
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Occupation/grade \_\_\_\_\_  
Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Gender ☐ F ☐ M ☐ Other ☐ Unk  
Ethnicity ☐ Hispanic or Latino  
☐ Not Hispanic or Latino  
Race (check all that apply)  
☐ Amer Ind/AK Native ☐ Asian  
☐ Native HI/other PI ☐ Black/Afr Amer  
☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Illness duration: \_\_\_\_\_ days

### Signs and Symptoms

**Y N DK NA**  
☐ ☐ ☐ ☐ **Fever** Highest measured temp: \_\_\_\_ °F  
Type: ☐ Oral ☐ Rectal ☐ Other: \_\_\_\_ ☐ Unk  
☐ ☐ ☐ ☐ **Moderate to severe sore throat**  
☐ ☐ ☐ ☐ **Difficulty breathing**  
☐ ☐ ☐ ☐ Neck swelling  
☐ ☐ ☐ ☐ Runny nose (coryza)  
☐ ☐ ☐ ☐ Drainage from ears  
☐ ☐ ☐ ☐ Skin ulcer

### Predisposing Conditions

**Y N DK NA**  
☐ ☐ ☐ ☐ Respiratory infection  
☐ ☐ ☐ ☐ Heavy drinker  
☐ ☐ ☐ ☐ If child, parent is heavy drinker

### Clinical Findings

**Y N DK NA**  
☐ ☐ ☐ ☐ Stridor  
☐ ☐ ☐ ☐ Pharyngitis  
☐ ☐ ☐ ☐ **Adherent gray nasopharyngeal membrane**  
☐ ☐ ☐ ☐ Cervical lymph node enlargement  
☐ ☐ ☐ ☐ Bloody nasal discharge  
☐ ☐ ☐ ☐ Ear drainage  
☐ ☐ ☐ ☐ Myocarditis  
☐ ☐ ☐ ☐ Polyneuritis  
☐ ☐ ☐ ☐ Cutaneous (note that skin lesion alone does not meet definition for reportable diphtheria)

### Hospitalization

**Y N DK NA**  
☐ ☐ ☐ ☐ Hospitalized for this illness  
Hospital name \_\_\_\_\_  
Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Y N DK NA**  
☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ ☐ ☐ ☐ Autopsy

### Vaccination

**Y N DK NA**  
☐ ☐ ☐ ☐ Vaccine up to date for diphtheria  
Date last vaccine prior to illness: \_\_\_\_/\_\_\_\_/\_\_\_\_  
# doses diphtheria vaccine prior to illness: \_\_\_\_  
Vaccine series not up to date reason:  
☐ Religious exemption  
☐ Medical contraindication  
☐ Philosophical exemption  
☐ Previous infection confirmed by laboratory  
☐ Previous infection confirmed by physician  
☐ Parental refusal ☐ Under age for vaccination  
☐ Other: \_\_\_\_\_ ☐ Unk

### Laboratory

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Y N DK NA**  
☐ ☐ ☐ ☐ **Corynebacterium diphtheriae** isolation (clinical specimen, not from skin lesion)

## Notes

**INFECTION TIMELINE**

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

**Exposure period\***

-5 -2

o  
n  
s  
e  
t**Contagious period\*\***

≤14 days

Calendar dates:

\* Rare chronic carriers may shed organism for 6+ months  
\*\* If treated, shedding terminates promptly after initiation of effective antibiotic therapy

**EXPOSURE (Refer to dates above)**

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine  
Out of: ☐ County ☐ State ☐ Country  
Destinations/Dates: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee, visitor)
- ☐ ☐ ☐ ☐ Does the case know anyone else with similar symptoms or illness
- ☐ ☐ ☐ ☐ **Epidemiologically linked directly to a culture or PCR confirmed case**
- ☐ ☐ ☐ ☐ Contact with lab confirmed case  
Age of person from whom this case contracted diphtheria: \_\_\_\_\_ days/months/years
- ☐ ☐ ☐ ☐ Work or volunteer in health care setting or as EMT during exposure period  
Facility name: \_\_\_\_\_

Y N DK NA

- ☐ ☐ ☐ ☐ Congregate living Type:  
☐ Barracks ☐ Corrections ☐ Long term care  
☐ Dormitory ☐ Boarding school ☐ Camp  
☐ Shelter ☐ Other: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Exposure setting identified:  
☐ Child care ☐ School ☐ Doctor's office  
☐ Hospital ward ☐ Hospital ER  
☐ Hospital outpatient ☐ Clinic ☐ Home  
☐ College ☐ Work ☐ Military  
☐ Correction facility ☐ Church  
☐ International travel  
☐ Other, specify: \_\_\_\_\_ ☐ Unknown
- ☐ ☐ ☐ ☐ Unpasteurized milk (cow)
- ☐ ☐ ☐ ☐ Other unpasteurized milk (e.g. sheep, goat)
- ☐ ☐ ☐ ☐ Unpasteurized dairy products (e.g. soft cheese from raw milk, queso fresco or food made with these cheeses)

☐ Patient could not be interviewed☐ No risk factors or exposures could be identified

Most likely exposure/site: \_\_\_\_\_

Site name/address: \_\_\_\_\_

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk**PATIENT PROPHYLAXIS/TREATMENT**

Y N DK NA

- ☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Name: \_\_\_\_\_  
Date/time antibiotic treatment began: \_\_\_\_/\_\_\_\_/\_\_\_\_ AM PM # days antibiotic actually taken: \_\_\_\_\_

**PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Work/volunteer in health care setting while contagious: Facility name: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Visited health care setting while contagious  
Facility name: \_\_\_\_\_  
Number of visits: \_\_\_\_\_ Date(s): \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ ☐ ☐ ☐ Face to face contact with newborns, unimmunized children, women > than 7 months pregnant or others at risk for severe complications
- ☐ ☐ ☐ ☐ Employed in child care or preschool
- ☐ ☐ ☐ ☐ Attends child care or preschool
- ☐ ☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, child care, food)
- ☐ ☐ ☐ ☐ Documented transmission  
☐ Child care ☐ School ☐ Doctor's office  
☐ Hospital ward ☐ Hospital ER  
☐ Hospital outpatient ☐ Clinic ☐ Home  
☐ Work ☐ College ☐ Military  
☐ International travel ☐ Other: \_\_\_\_\_ ☐ Unk
- ☐ ☐ ☐ ☐ Outbreak related

**PUBLIC HEALTH ACTIONS**

- ☐ Prophylaxis of appropriate contacts recommended  
Number of contacts receiving prophylaxis: \_\_\_\_\_  
Number of contacts recommended prophylaxis: \_\_\_\_\_  
Number of contacts completing prophylaxis: \_\_\_\_\_
- ☐ Strict isolation until 2 days of treatment completed, or for 21 days

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_ Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_